



Miami Dade
COLLEGE
http://www.mdc.edu

CAMPUS	ADDRESS			TELEPHONE
NORTH	11380 N.W. 27th Avenue	Miami, FL	33167-3495	(305) 237-1111
KENDALL	11011 S.W. 104th Street	Miami, FL	33176-3393	(305) 237-2222
WOLFSON	300 N.E. 2nd Avenue	Miami, FL	33132-2297	(305) 237-3333
MEDICAL CENTER	950 N.W. 20th Street	Miami, FL	33127-4693	(305) 237-4444
HOMESTEAD	500 College Terrace	Homestead, FL	3167-6009	(305) 237-5555
INTERAMERICAN	627 S.W. 27 th Avenue	Miami, FL	33135-2966	(305) 237-8900
WEST CAMPUS	3800 N.W. 115 th Avenue	Doral, FL	33178-6009	(305) 237-8900

**COLLEGE
ADMISSIONS
AND
REGISTRATION
SERVICES**

Office of the Registrar

Request for Reprint of Diploma Previously Received from Miami Dade College

TO: Admissions & Registration _____ Campus

FROM: _____
Students name, printed *Student ID#*

Degree/Diploma Earned *Date Awarded*

Mailing Address: _____

- Number of diplomas requested: _____
- Cost per diploma reprint: _____
- Total Due : _____

Instructions: By your signature below, you acknowledge the amount of \$20 due for each diploma reorder which must be paid before the diploma can be printed and mailed to you. Take this form to the Bursar's Office and pay the amount due. Bring the form and paid receipt back to the Admissions & Registration office. You will be given your original receipt and a copy of this form. Your diploma document will be mailed to you within fifteen business days.

Student Signature _____ Date _____

Instructions to Staff: This document, along with receipt for payment, is to be document imaged into the student's miscellaneous file.

Date Printed and Mailed (Staff Initials): _____ *Date:* _____